



ID #

WO #

License #

Issued By

1. Contractors working on any project where the cost, value, or price per job or contract **exceeds \$2,000.00** must hold a North Dakota Contractors License.
2. As stated in North Dakota Century Code, Chapter 43-07-07, the contractor's license class and fee are based on how much the cost, value, or price is per job. The license class and fee are listed below. Make checks payable to the Secretary of State. Credit cards also accepted.

CLASS		REQUIRED FOR	FEE
	Class A License	no limitation on the value of any single contract	\$300.00
	Class B License	any contract up to \$250,000	\$200.00
	Class C License	any contract up to \$120,000	\$150.00
	Class D License	any contract up to \$ 50,000	\$ 50.00

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3665
Toll Free 800-352-0867
Ext 8-3665
Fax 701-328-1690
Web Page: www.state.nd.us/sec

Business Name of Applicant			Business Telephone #	
Complete Mailing Address		City	State	Zip Code
E-Mail Address		Web Address		

If the business is a **SOLE PROPRIETORSHIP** which uses a trade name, the trade name must be registered with the Business Division (701-328-4284).

7. In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number or Federal ID number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate contractor files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this application.

A. Business Type						B. Business Federal ID #	
<input type="checkbox"/> Sole Proprietorship - Complete C Below <input type="checkbox"/> General Partnership - Complete C & D Below <input type="checkbox"/> Limited Liability Partnership - state of origin _____ Complete C & D Below						<input type="checkbox"/> Limited Liability Company - state of origin _____ <input type="checkbox"/> Corporation - state of origin _____	
C. Name of Owner (or General Partner or Managing Partner)					Social Security/Federal ID#	Home Telephone #	
Complete Mailing Address				City		State	Zip Code
D. Name of General Partner (or Managing Partner)					Social Security/Federal ID#	Home Telephone #	
Complete Mailing Address				City		State	Zip Code

9. In addition to a contractor's license, you may need to obtain other licenses or permits as required by law (e.g. the State Electrical Board, the State Plumbing Board, Transient Merchant License from the Attorney General or Asbestos Abatement from the Health Department).

(continue on reverse side)

10. Do you hold a contractor license in another state? ☐ Yes ☐ No If Yes, indicate the state(s) in which you are licensed, the business name under which you are licensed, licensing agency address and telephone number

Business Name		Telephone #	
Licensing Agency and Address	City	State	Zip Code

11. The applicant's experience and/or qualifications to act in the capacity of a contractor are as follows:

12. If your answer is "YES" to any of the following questions, give the details on a separate sheet and attach to this application.

a. Has any license been denied or revoked	For you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For any officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For any partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For any entity with which you, officers or partners have or are associated with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have there been any civil lawsuits or arbitration proceedings in which you (or a corporation, limited liability company, or partnership of which you are or were an officer or partner) were involved as a defendant in which fraud or misrepresentation was charged during the past year	As a Defendant	<input type="checkbox"/> Yes <input type="checkbox"/> No
	As a Plaintiff	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you or a corporation, limited liability company, or partnership of which you are or were an officer or partner, been involved in bankruptcy proceedings during the past five years		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are there any judgments, arbitration awards, mechanics liens or federal or state tax liens against you, or a corporation, limited liability company, or partnership of which you are an officer or partner, in North Dakota or elsewhere		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has the applicant, or officers or partners of the applicant been charged with or convicted of a felony or misdemeanor within the last five years	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate the date, name of the individual charged or convicted, city, state, disposition, and whether a felony or misdemeanor. (This includes ALL crimes, including nonsufficient funds checks, no account checks, and DUIs.)

13. Once the licensing process has started and the requirements are not completed or perfected within 90 days, one half of the filing fee submitted will be retained and the other half returned to the applicant.
14. North Dakota Century Code, Section 43-07-19 states every applicant who is not a resident of the state of North Dakota, by signing and filing the application appoints the Secretary of State as the applicant's true & lawful agent upon whom may be served all lawful process in any action or proceeding against such non-resident contractor.

AFFIDAVIT
(Sign before a notary)

The Applicant, who is 18 years of age or older, whose name is _____, being first duly sworn on oath deposes and says he/she is the applicant above named, or the _____ of the corporation or a member of the firm, association, or co-partnership which has caused said application to be filed, and that he/she is duly authorized and empowered to make this affidavit for and on behalf of said applicant; that he/she has read the within and foregoing application and knows the contents thereof, and that the statements therein contained are true of his/her own personal knowledge, except as to such statement therein made upon information and belief, and as to such statements he/she believes the same to be true.

State of _____

County of _____

Signature of Applicant

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____.

(Notary Seal/Stamp)

Notary Public

My Commission Expires _____